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SUGGESTION

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DEVOTED
TO THE
STUDY OF
SUGGESTIVE
THERAPY
HYPNOTISM
TELEPATHY
SUGGESTIVE
EDUCATION OF
CHILDREN
CHILDREN
DREAM VISIONS
SUGGESTIVE
AND ALL PHENOMENA
CONNECTION

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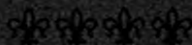
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VOL. II.

JUNE, 1899.

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HYPNOTISM, WITH SPECIAL REFERENCE TO HYPNOTIC SUGGESTION AS AN AID TO THE ANESTHESIA OF CHLOROFORM AND ETHER.

BY CHARLES GILBERT DAVIS, M. D., CHICAGO, ILL.

Time is the great sieve in which is sifted the accumulated thoughts of men. In it the *debris* is removed and only pure sparkling truth remains. It is strange, but nevertheless true, that every great scientific advance in every department of human life is met by the most determined, and I might say, brutal opposition. And yet, as the years flow on, there is ever but one result for all these conflicts, for truth is and ever will be triumphant. Gradually the ignorant, stupid and cowardly attack ceases, the smoke of battle passes away, the clouds are lifted, the din of contending voices is hushed and, lo! some fair, new form is ushered upon the scene, a living, breathing reality. A new star is added to the galaxy of the scientific heavens.

What can exceed the bitterness of the controversy that for many years has been carried on over the subject of hypnotism, or hypnotic suggestion? It is not my intention, in this article, to review the arguments, pro and con. The salient points are constantly brought before the minds of the intelligent members of the profession, through the medical journals of the day.

Neither do I wish to enter, at the present time, upon an elaborate exposé of my views of hypnotism, as to what it is, how it acts, or its application to the cure of disease. All of this will be reserved for another article, which I hope to produce in the course of time. Suffice it to say, that for many years I have carried on my experiments with an idea of determining its merits, and now I am able to say that I thoroughly believe the nineteenth century has evolved no therapeutic agent or remedial measure, all things considered, more potent or more capable of beneficent results than hypnosis.

In my address on this subject before the Psychical Science Congress of the World's Congress Auxiliary, in 1893, I said: "Surgery and hypnotic suggestion will largely constitute the healing art of the future. It may not be in our day, it may be centuries hence, but it will come." I am not at all convinced that this was extravagant language.

But without wishing to compass the entire scope of the subject relating to hypnosis in its application to disease, I wish now to call attention to its efficiency as an anesthetic, and most particularly as an aid to the anesthesia of chloroform and ether.

Ever since I became a student of medicine I have recoiled from what I call the barbarous method of forced anesthesia. I remember some of my first experiences in witnessing surgery twenty years ago in a Cincinnati hospital. Here, the patient was brought in before the class and told to breathe the chloroform, and if he did not do it willingly he was compelled to do so by being held on either side by two stout porters, while the assistant placed a handkerchief over his face, held it there and poured on the chloroform. Convulsed with terror, screaming, struggling and pleading, his whole nervous system in a furor of fright, he was finally *overcome*. My observations at the time, and I have never had reason to change them, were that this method itself was almost as much of a shock as an ordinary operation. Only a few days after I began my studies there, under just such circumstances as those I have described, I witnessed a death from chloroform. Suddenly, in the midst of all this contest between the patient and assistants, she ceased to struggle, became quiet

and the porters released their hold. She was dead. The post-mortem, as usual, said "fatty degeneration." The scene impressed me, and I am sure has been a life lesson to my profit. Since then I have administered anesthetics a great deal, and had it administered under my directions by assistants thousands of times. I have never had a death. I do not boast of this; I am only glad. But I have always advised gentleness—the calm, quiet, soothing method. A few years ago the old custom was to fortify the patient previous to the operation with a glass of brandy. I believe a few soothing, assuring words spoken into the ear of most patients at the time, will, as a rule, do more good than all the drugs of the Pharmacopœia.

Ever since my boyhood I have studied with interest the subject of hypnotism under its various names, phases and aspects. It has had to me a peculiar fascination. Soon after beginning my medical studies and noting the anesthesia of many hypnotic subjects, the idea naturally presented itself of applying hypnosis to produce anesthesia. Frequently I was successful, but not sufficiently often to indicate that I could rely upon this method in all cases. I have performed a number of minor surgical operations, in which I used hypnotic suggestion with entire success, to produce anesthesia.

For several years the idea has seemed to me feasible of combining, in all cases, hypnotic suggestion with the chemic anesthetic. I have been led to this from observing a number of cases during the last few years where such a combination was entirely satisfactory.

In 1888 I was operating on a case of fistula-in-ano. The subject was a man about 32 years of age, very nervous, pale and weak. He got upon the operating table with fear and trembling, begged of me not to give him the chloroform, and was inclined to abandon the operation. I went to his head, closed his eyes, passed my hand quietly over his brow and then made suggestions as to what I wanted him to do, and commanded him to go to sleep. In three minutes he was quiet. Dr. J. B. S. King stood ready with the anesthetic and I motioned him to proceed, while I turned to arrange my instruments. Dr. King immedi-

ately ejaculated, "Why, he is already asleep!" He had only that instant placed the inhaler to his face. Sure enough, he was sleeping soundly. I proceeded with the operation, which occupied, perhaps, ten minutes. He suffered no pain, did not resist, and was easily aroused after I had finished.

Again, about six months later, I had occasion to give an anesthetic to remove a number of wire stitches from the uterus of a patient on whom I had performed trachelorrhaphy. The lady was in a very weak, nervous and exhausted state. She dreaded the anesthetic from recollections of its previous unpleasant effects. I immediately resorted to suggestion till I thought she was quieted and then asked my friend, Dr. M. S. Leech, who was present, to proceed with the chloroform. But as he placed the inhaler to her face, he exclaimed, "The conjunctiva is already insensible!" No more than a single whiff of the chemic anesthetic was given. She did not resist during the removal of the stitches, was easily aroused, expressing herself as having felt no pain. Soon numerous other cases followed, in some of which a few whiffs only of the chemic anesthetic were necessary, and others required a continuance of from five or ten minutes.

In July, 1894, I delivered before the Chicago Baptist Hospital Training School for Nurses, a lecture on anesthesia, and presented before the class at that time two young men whom I knew from previous experiments to be slightly susceptible to suggestion. The first V. M., a young man of slender build, was placed on the operating table and told he was to be put to sleep. The proper suggestions were made, the dry cone was placed over his face, and he was told to breathe deeply. He soon slept soundly and the conjunctiva was insensible. No chemic agent was employed. The second V. P., of strong, vigorous constitution, mounted the table with an incredulous smile. I produced a bottle of water from my pocket, saying I would give him a newly-discovered and more powerful anesthetic. With strong suggestions he soon yielded and slept. The conjunctiva was insensible, and he showed every evidence of thorough anesthesia.

Recently, I have made careful note of a number of cases, both with and without suggestion. The following, taken consecutively from recent clinical work, are sufficient for illustration:

CASES WITH SUGGESTION AND ETHER.

	Time.		Time.
Mrs. N.....	12 minutes	Miss M. M.....	12 minutes
Mrs. C.....	8 minutes	Mrs. G. L. L.....	8 minutes
Mrs. J.....	15 minutes	Mrs. J. B. B.....	7 minutes
Miss S.....	7 minutes	Mr. J. G.....	13 minutes
Mrs. H. M. L.....	9 minutes	Mrs. G. D. B.....	9 minutes

Average time from beginning of ether to complete anesthesia, ten minutes.

CASES WHERE ETHER WAS EMPLOYED WITHOUT SUGGESTION.

	Time.		Time.
Mrs. W. B.....	24 minutes	Miss D. C.....	18 minutes
Mrs. G. H.....	20 minutes	Mrs. G. H. B.....	18 minutes
Mrs. E.....	16 minutes	Mrs. W. A. D.....	17 minutes
Mrs. F. D.....	21 minutes	Miss S. B.....	18 minutes
Mrs. T. K.....	18 minutes	Mrs. W. C. B.....	20 minutes

Average time from beginning of ether to complete anesthesia, nineteen minutes.

There is no doubt but that any one of these patients in either of the lists might have been anesthetized more quickly than they were. But in no instance was there any effort at haste, and in each individual case all due precautions were used to insure safety. I am sure that the patients are often overcome, asphyxiated, as it were, by shutting off the air and crowding the anesthetic in three, four, five and six minutes, but in all the above cases the correct gradual method was employed; and so far as possible, exactly the same method was used in each individual case.

It will be seen from these two tables that the time necessary for complete anesthesia is reduced nearly one-half by the use of hypnotic suggestion. I have no doubt that with more care a much greater reduction might be obtained.

The beneficial results from using hypnotic suggestion as an aid to anesthesia are obvious:

1. It calms the nervous system, and fortifies the patient to withstand the surgical operation.
2. It lessens the danger of shock.
3. It lessens the time, and consequently the amount of anesthetic.

4. The patient awakens as if from a natural sleep.
5. I believe recovery in these cases is more rapid and satisfactory.

There is a wide difference between individuals as to their susceptibility to suggestion. On some it has but little effect; on others it enables us to reduce the chemic anesthetic more than half, and occasionally we meet cases where it is within itself quite sufficient.

It can never, when properly used, cause harm. Then why not always employ it? I can not conceive of a case where it can not be applied. The more intelligent the patient, the more readily we may speak to the nerve centers and have them obey. Still to the insane, to the idiotic, and to the unconscious babe, we may make suggestions to the sleep centers by gentle motions and soothing tones.

I believe that hypnotic suggestion will, in many ways, but most particularly as an aid to the anesthesia of chemic agents, prove a blessing to mankind.

THE SCIENCE AND PRACTICE OF SUGGESTIVE THERAPEUTICS.

BY THE LATE M. H. LACKERSTEEN, M.D., M.R.C.S., F.L.S., ETC.

The century that is now rapidly drawing to its close has been distinguished by inventions and discoveries, which have greatly increased our knowledge of the properties of matter and of the correlation of the physical forces, and added considerably to the conveniences of life, and to the dignity and efficiency of the scientific method. Marvelous researches in the lines of the infinitesimally small, on the one hand, and astounding revelations in the realms of infinite space, on the other, have so closely occupied the attention, that the nearer and more pressing questions as to what man is, what is his mind, and how is it related to the universe of things, have been neglected to a degree that seems almost incredible. Events occurring millions and millions of miles away have for him apparently a livelier interest than what takes place within himself. He makes a critical study of the properties of the hypothetical ether that is assumed to pervade the universe beyond the planetary system, beyond the stellar dust, almost invisible even by the most powerful telescope, and yet the constitution of his own mind, and the conditions of his own knowledge, have received but scant attention and excited but little interest.

Human knowledge is necessarily relative, and man can never know anything absolutely. He can never know what matter is in itself, no more than he can know what mind is in itself; but as far as we can know of the relations of things, we have made a fairly good showing in physical science of our knowledge of the relations and conditions of phenomena, and such knowledge has helped considerably toward the elucidation of facts and principles, which had previously been left to the conjectures of ignorance, and the speculations of credulity. We have made so much ad-

vancement in physical science as to know what we don't know, and what we cannot know, and hence dogmatism regarding matter is unheard of. The accomplished scientist affirms, after prolonged experimentation, that what matter is we can never tell.

But the ignorant dabbler in mental speculations dogmatizes in the most positive manner that mind is spirit; that is, he predicates of a thing, of which he knows little, in terms of a thing of which he knows nothing at all, and this he considers a very satisfactory explanation.

In this rapidly advancing age of physical discovery, in which scientific methods of exact application have produced results far ahead of anything that was ever attained in all the preceding centuries, we must surely have learned something that can be relied upon, and demonstrated as fundamental truths—and if so, what are they? Something, I mean, that we know, not what we merely believe—something that we may characterize as veritable facts, and not as speculative probabilities. A science, in the broadest acceptation of the term—or at least a cognition—is a rationally established system of facts and ideas which, over a given range of objects, confers certainty, assurance, probability, or even a doubt that knows why it doubts. To know that we do not know, and why, is none the less to know; a negative solution is, after its fashion, a solution. To know that a thing is possible, or, better still, that it is probable, by virtue of such and such reasons for it, and such and such reasons against it, is always to know. Thus it is that belief founded on reason enters the category of science. Science is then each legitimate product of the intelligence, operating freely with the aid of what the theologians call "natural reason." Thus understood, science includes universal philosophy, as well as special sciences. It is belief alone, founded on the authority of others, not regulated and incapable of demonstration, or, on the imagination or feelings to which a supernatural bearing is given, which must be excluded from the domain of knowledge and science in the broadest sense of the word.

Now, the indisputable and veritable facts which this active age of scientific research has established beyond peradventure, and which have formed the bed rock on which we stand to-day

with perfect assurance of security, and on which we can build without danger, without fear and without doubt, have taught us that "every phenomenon of every kind consists in, as well as is dependent upon, matter and its motion, and that there is in the whole range of human experience no example of any kind of a phenomenon where matter, ordinary matter, is not the conditioning factor. There is no known case where force or energy is changed in degree, or direction, or kind, but through the agency of matter. Every kind of a change implies matter that has thus acted.

"What is called the 'correlation of forces' means, that one kind is convertible into some other kind of energy, as heat into mechanical energy in the steam engine. But the engine, a material structure, is essential for the change.

"What is called the 'conservation of energy' means that in all the exchanges energy may undergo, as heat into light or work of any kind, the quantity of it never varies. The matter, as such, does not add to it, does not subtract from it, hence only a material body can possess energy, and a second material structure is necessary in order that the energy of the first should be changed into any other form. So it appears there must be at least two bodies before anything can possibly happen. This all means that what we call 'energy' is embodied only in matter, and what we call 'phenomena' is but the exchange of energy between different masses of matter; also that these exchanges take place with mathematical precision, else prediction would be impossible and computation a mere waste of time. Further—that as to intellection or dexterity—and all there is implied in both, there could be neither in the absence of those changes which constitute physical phenomena; and that not only life itself, but consciousness, as we know it, would be impossible without the exchanges in the energy embodied in the cellular structure of the brain. In the light of what has been accomplished in the direction of physiological psychology, it is entirely unwarrantable to assume that even thinking can go on in the absence of physical changes of measurable magnitude. Hence it is that the scientific physicist emphasizes the probability that whatever happens has a physical

basis and is therefore explained only when these physical relations are known."

The conclusions of physical science just enumerated as indisputable and external verities, are equally applicable to the chemico-biological changes observable in the living organism—a physical basis, a living body, is essentially necessary for their performance. Life, the peculiar form of energy in its potential and dynamic aspects, being associated with the material body to sustain the constant manifestations of change from birth through growth and decay, to death, when the decompositions and recombinations of the elements of its marvelous chemistry follow the regular metamorphoses of ordinary physical laws, unimpeded, unmodified by vital influences.

And what report has physiological psychology to make in regard to these indisputable verities so confidently asserted by physical science? Modern experimental psychology unhesitatingly indorses every word, every law, established by physics. It has insisted upon the indisputable fact that not a single intellectual or emotional movement can occur in the mind without a corresponding physical change. No act of volition, of memory, of attention, or of reasoning; no feeling of shame, of pride, of anger, or of joy; no hope, no fear, no belief, no doubt, no thought, can pass through the mind without being accompanied by an appreciable material change—in the brain, in the circulation, in the respiration, nay, in the very secretions of the living organism. Dr. Elmer Gates, who was formerly connected with the Bureau of Ethnology of the Smithsonian Institution, has found by experimenting that each definite emotion produces chemical products in the secretions and excretions which are characteristic of those emotions. The evil emotions produce, for example, a poisonous product, while happy emotions produce life-promoting compounds. In other words, every emotional experience creates brain structure, the refunctioning of which reproduces its characteristic good and bad chemical products. He found the perspiration to contain different volatile organic compounds, under the influence of different emotions. Of the chemical products which Dr. Gates has found, that of guilt is the worst. If a small quantity of this per-

spiration of a person suffering from conscious guilt be placed in a test tube and exposed to contact with selenic acid it will turn pink, and no other poison similarly generated exhibits the same phenomenon.

Now, what are we to infer from these facts? Do they lead us to the suspicion that all scientists are necessarily materialists—and that the study of physics, chemistry, physiology, psychology, inevitably lead to materialism?

No such thing.

The grand lesson taught us by the comparative study of all sciences, is that all phenomena, physical or mental—natural, moral, or spiritual—are sympathetically adjusted and intimately associated throughout the whole of the created universe. But association does not imply causation. The identification of association with causation is the logical mistake made by materialists.

Certain thoughts and feelings are associated with certain processes and motions in the brain substance. Particular kinds of thought and feeling have been "localized" in the brain—that is, it has been shown that such and such thoughts and feelings are associated with special parts of the brain. The cerebral hemispheres are especially connected with the manifestations of conscious intelligence, as distinguished from involuntary or reflex actions. They are the seat of memory, reason and judgment. The power of motion, the power of feeling, and the power of speech, are connected with other parts of the cerebrum. But while the association of certain thoughts and feelings with special parts of the brain is a fact, there is no reason whatever to believe that the physical processes produce the mental phenomena. They occur together, but we do not know why. They are harmoniously and sympathetically adapted, but we do not know, and never can know, how. We only know that material things cannot produce immaterial things.

Huxley, Tyndall and Spencer, who have been constantly accused of materialism by those who have never taken the trouble to study and understand the teachings of these philosophers, have really done more than any theologian of the day to explode materialism.

There is a large amount of writing about the mind and about the connection of the mind with the body, which is, strictly speaking, nonsense. When I say that the writing is nonsense I do not use this word as a term of vague abuse—it is used in its strict logical meaning to denote language which is not, alas! unfamiliar, but which is not only unintelligible, but meaningless; it is used to connote language which has not, which never had, and which never can have, a meaning, and which is therefore strictly and truly nonsense. Such is the language used by those who speak of an idea producing a movement, or of a sensation passing along the nerves, or of the mind being a force, or of a nerve current being transformed into a feeling, or of an idea being imprinted on the brain or stored up in the nerve cells, or of will producing movements, or of any causal relation whatever between the events of mind and the movements of matter.

Such propositions are neither correct nor erroneous, neither true nor false. They are nonsense; for when we try to bring their terms together we find that we cannot assimilate them. We can think of each term separately, but we cannot bring them together in the causal relation expressed by the proposition and it is easy to see that they never can be so brought together.

The first, most important and most imperative duty of the student of psychology is to recognize the impassable gulf, the fathomless abyss, that separates the world of consciousness from the world of material things. But, while mind and matter, or mind and body, are separated by a rift more complete than divides any other kinds of phenomena whatever, they are associated and adjusted in a manner so intimate that some of the greatest thinkers consider them different aspects of the same process.

The gist of these apparently paradoxical statements is, that a state of mind never occurs as an isolated fact; when an alteration occurs in consciousness, something else always takes place at the same time. This inevitable accompaniment of mental change is a change in the nervous system; and the change is, speaking broadly, a rearrangement of molecules in the gray matter of the superior regions of the nervous system. A process of

change, however, in the nervous system cannot cause a change of consciousness; such an effect is unthinkable. Nor can a change in consciousness cause a change in the arrangement of the molecules of the gray matter; such an effect is equally unthinkable.

When the rearrangement of molecules takes place in the higher regions of the brain, a change of consciousness simultaneously occurs. The two changes are concomitant. The change of consciousness never takes place without the change in the brain; the change in the brain never takes place without the change in consciousness. But why the two occur together, or what the link is which connects them, we do not know, and most authorities believe we never shall and never can know.

The points I have tried so far to establish are: 1. That there is no causal connection between mind and body; and 2, that the events of mind and body are so intimately connected, so sympathetically adjusted, that we can always trace any functional perversion or derangement of the mind to a perversion or derangement of some particular locality in the brain—for the mental phenomenon will never occur unless associated with its proper and concomitant cerebral change—and, vice versa, no cerebral change can take place without its corresponding mental movement.

We now pass on to inquire how the mind comes to function. We all know that the only means by which we acquire any knowledge of things outside of ourselves is by the help of the senses. The five senses receive impressions of the external world, and the mind simultaneously becomes conscious of its existence—each sense impulse being sympathetically adjusted to the particular form of mental recognition. The different kinds of impressions, therefore, experienced by the sense organs, effect corresponding changes in the consciousness—simultaneously. These external impressions or impulses are known in physiology as stimuli—when these stimuli are received from within they are called in psychology, suggestions. The knowledge regarding the external world, which we are all capable of acquiring spontaneously from childhood upward, gives us no definite information beyond

this fact: that a thing is to the sense that perceives it what it seems to be. Our consciousness, that is, our mental interpretation of our sense perceptions, thus constitutes our knowledge of the properties of the external world. And if anything or any existence be of concern to us, or in turn if we are concerned or related with anything, this thing is necessarily known by us in a sense which corresponds with the requirements of the relation. Otherwise, no such relation could possibly exist as that of use and user. The knowledge or consciousness of such requirements is necessary for self-preservation, and the information of such relations received by the senses and interpreted by the mind constitutes human experience. When the system of adjustments between the relations of phenomena has once been effected, then the ordinary laws (for the criteria of belief) operate automatically to cause facts and appearances to be accepted as real. But in early childhood, before the period of adjustments has arrived, the mind is very credulous. Experiences then being few, the knowledge of the life of relation in the world of reality is inadequate to the formation of just and accurate deductions. It is precisely the same thing if the mass of the brain in the adult were held in an inactive state, and the area of activity confined only to a very small and narrowed portion, the mind would correspondingly be narrowed in its functioning, for the wide resources of experience and memory being cut off it would naturally be reduced to a state resembling that of childhood in its inability to verify the reality of suggestions, and in its consequent liability to credulity and illusion. This condition, when artificially produced by paralyzing the functions of the brain mass as a whole, and narrowing down consciousness to a point which is the only receptive point of suggestions, constitutes the so-called hypnotic condition. The facts received by suggestion are accepted as veritable truths because the mind, under the assumed conditions, has no means of comparing them, or correlating them with the ordinary relations of phenomena, which constitute our only method of testing the truth of evidence. When in a dark room, and with eyes closed, we cut off all impressions through sight of the external world, the visual centers of the brain are quiescent

and inactive. Progressively, the centers of motion and feeling one by one follow the example of the visual centers. The mind suggests to itself the idea* or representation of sleep, and the whole brain ceases its functioning and unconsciousness is the natural result. To restore consciousness, or awaken the mind, we must awaken the molecular activity of the gray matter of the brain, for, as we have seen, they are both intimately associated. Then again, when the mind, with concentrated attention, is fixed in the contemplation of some one idea, the functions of the rest of the mind are in abeyance; which means that only one small point of the brain corresponding to the narrow mental contemplation remains active, while the whole of the remainder of the brain mass is in a state of passive quiescence. Continued strain on this one point so fatigues and exhausts the nerve center that it becomes semi-paralyzed, and drowsiness, followed by complete arrest of mental functioning, that is, a state of perfect unconsciousness, is the result. I hope I have been able to make this part of my subject sufficiently intelligible.

Steady and prolonged gaze at any object gradually produces sleep. A constant and monotonous sound sufficiently prolonged and rhythmically uniform will produce the same effect. The to and fro monotonous stroking of the skin, if sufficiently prolonged, and applied gently and rhythmically, will also induce sleep. These are familiar instances, simple and intelligible, and constitute the physiological process, or the effect of external stimuli operating on the sense organs.

Now let us examine the condition from the psychological side of mental suggestion. What is suggestion, and how does it operate?

Before answering this question I wish to draw your attention to a matter regarding which it is necessary to speak with emphasis at the very start.

There are two laws of the psychical state of human beings, laws of immense importance to psychology, physiology and medicine, as well as to hypnotism, which I must refer to as our first attempt at an explanation. The first of these laws is, that men have a certain proneness to allow themselves to be influenced by

others through their ideas, and in particular, to believe much without making conscious logical deductions; and the second is, that psychological and physiological effect tends to appear in a man if he is expecting it.

There are people who believe that they can escape external psychical influences; but they are wrong, since observation shows us that everyone is more or less influenced by ideas—for life is full of such ideas, and they will work so long as there is activity among men.

In the same way men have a tendency to believe things without logical proof; and we may call this credulity. Those who contend that men are not credulous show that they are themselves incapable of reflection. There is no man who believes only what has been logically proved to him. Our very sense perceptions show us this in the clearest way; we hardly ever consciously reason upon them, and yet the thing which we take for an external object is only, in reality, an act of our own minds which in no way corresponds with the unknown object, "the thing in itself," the *ding auf sich*, as Kant calls it. Most people confuse the subjective idea of an object with the object itself, and this mistake, which we make incessantly with regard to our sense perceptions, proves that we do not use conscious logical thought. When we consider, however, our behavior with regard to dogmatic assertions, and to assertions, often repeated, this credulity is made particularly clear. It leads to dogmatic belief. Children are most influenced by it, but grown up folks are also under its jurisdiction. Everyone knows that the constant repetition of an assertion has a great power. This is shown in the clearest way in regard to the very subject we are discussing. A few years ago it was believed that there was really no such thing as hypnotism, and that those who believed in it were deceived. But since that time opinion has entirely changed. The representations made by different people in authority as to the reality of the hypnotic phenomena, particularly the repeated observations of numerous investigators, have caused a complete change of view. Doctors and others have changed their minds about hypnotism, not because it has been proved to them, but exclusively because they have been influenced by constantly hearing and reading the same assertion about it, and by their faith in authority.

(TO BE CONTINUED.)

EMOTIONAL PRODICALITY IN CHILDREN.

BY W. XAVIER SUDDUTH, A. M., M. D.

100 STATE STREET, CHICAGO, ILL.

In remote times, and even at the present day, we hear the exclamation: "He seems, at times, to be fairly beside himself." Perhaps no form of incorrigibility is less understood than that which includes a lack of emotional control. Children of both sexes are equally affected. In fact, emotional prodigality is not a respecter of age, sex or condition in life.

Hysteria, in all its varied manifestations, is to be found in the palace of the rich and the hovel of the poor. In ancient times the victim was said to be possessed of a devil, and treated accordingly, with the almost invariable result of fixing the habit instead of relieving it. If demon possession be the explanation of hysteria, then their name is legion, for hysteria presents as many different aspects as there are phases of emotion. In one instance the child may, without the slightest provocation, burst into a fit of uncontrollable weeping, sobbing as if its little heart would break, and upon being closely questioned, its only explanation, if it has any, is that "so and so hurt its feelings;" and the general opinion is that the child is very "tender-hearted."

Again, lack of emotional control may express itself in the form of a tirade of abuse, and the little offender will give his fellow playmate a "tongue-lashing," or it may manifest itself in a fit of uncontrollable anger and manual dexterity be resorted to in order to relieve the pent up feelings; at other times it loses consciousness, and in extreme cases may present an epileptoid condition, if not typical epileptic convulsions. It is well known that these varied manifestations differ in degree, and not in kind; and that the milder manifestations, if they are not early recognized and successfully treated, are very apt to end in true epilepsy.

Nearly all epileptic children have been humored by reason of their infirmity—are, in fact, what are called "spoiled children"—and in many instances make use of their affliction to gain their own way. I cannot do better in illustration of this point than cite a case that came under my care recently. From the time the child was three years old it had shown a willful disposition and a determination to "run the house." At the age of four it had brought its mother under subjection, until she was afraid to punish it, and under dire threats was prevented from telling the father of its cruel behavior toward the other children of the family and the neighborhood. The method employed by this precocious youngster was to feign convulsions. He would fall in a fit of rage, scream at the top of his voice, and turn black in the face. Under such conditions all thought of punishment was abandoned, the attention being turned to restore him to "consciousness," with the invariable demand upon his part when he was "better" that he should have his own way in the particular thing the denial of which had led up to the attack.

Things progressed in this manner until, at the age of seven, his treatment of his playmates became so atrocious that the neighbors made complaint to his father. This extorted a confession from the mother as to the conditions that had existed for several years past. The father then attempted punishment, whereupon the boy fought him "like a tiger," finally falling into a fit of ungovernable rage which presented all the symptoms that had so terrorized the mother, and which had prevented her from following out a systematic course of training. The matter was then laid before the family physician, who pronounced it a case of epilepsy, and began a course of therapeutic treatment. The boy was allowed in the meanwhile to have his own sweet (sic) will in everything. Matters went from bad to worse until it became necessary to remove the child from the family circle on account of his evil influence upon the other children.

He was next placed in a large sanitarium, in which he soon succeeded in establishing "his own conditions" with the attendants, with the result that no lasting benefit was derived from his residence there. After this he was taken in charge by a relative

who for several years devoted his entire time to his care. The lad was the terror of the neighborhood. He fought with everyone who thwarted him, and failing in thus obtaining his way would fall in a fit of unconsciousness. Up to the age of fourteen, however, he had never frothed at the mouth nor bitten his tongue. His temper was, however, steadily becoming more and more ungovernable, and his attacks of loss of consciousness more frequent. The least provocation was sufficient to throw him into insensibility, such seizures numbering now as high as eight or ten a day. His whole being seemed bound up in the idea of getting his own way in everything; in fact, he was insane on this point; it had become a "persistent idea." Such was the state of affairs when he came into my hands, and I enter closely into detail, as his is typical of a number of similar cases, though perhaps the most extreme one that has come under my care. This willful element is predominant, though in less degree, in a large majority of the cases which I am called to treat.

Case No. 2. Two children, a boy and a girl, brother and sister, were taken by a Western society from an Eastern city and placed together in a good home in this state. They were pleasing children to look upon, being bright and comely, and great hopes were entertained by their foster parents for their future. The girl, by reason of her more intimate relation with the mother, developed into a source of comfort, but the boy has gone wholly to the bad, mentally, morally and physically. He early showed marked egotistic tendencies, morbidly craving and later demanding attention, which, when denied him, threw him into a state of melancholia. His teacher said he was incorrigible, and his parents called him sullen and disobedient, but he himself felt that he was misunderstood and sadly mistreated. He never was what might be called a bad boy, such as described in Case No. 1, but from first to last made apparently earnest religious professions and, at the time he ran away from home, was an efficient acting secretary of the Sunday-school he was then attending.

It developed that his fits of moroseness were due to the practice of masturbation, which gradually weakened his mental and physical condition, until his mind was more or less unbalanced

and his body a wreck. At the age of fourteen his foster father had him adjudged incorrigible and sent to a reform school. Here he improved physically, but the bromide treatment, so generally used in institutions, further unsettled his reason, as is always the case where it is persistently administered. He was, however, still a "bright boy," notwithstanding his intense egotism, which had now become a fixed mental disease.

About this time an editor became interested in him and took him from the reform school on parole—only to be sadly disappointed, however, for he remained with his new-found friend but a short time, when he ran away again, coming to Chicago with the avowed intention of following a life of crime. He was arrested and on account of his epileptic attacks was sent to Dunning. He ran away from the latter institution, only to be apprehended and, on our advice and the boy's consent, was taken to the detention hospital, adjudged mentally unbalanced and sent to Elgin, where he now is.

Case No. 3.—The study of Jacksonian epilepsy, in which the nervous explosion is localized instead of being general, has done much to throw light on the whole process of pathological nervous impulse. The central nervous system may be regarded as a reservoir for nervous energy, to be disseminated gradually as needed under normal conditions, but discharged as from a Leyden jar under pathological conditions, such as asthmatic attacks in adults, and laryngismus stridulus in children. In the latter the child suddenly becomes pale, ceases to breathe, and later gets blue in the face. A case came under my notice in which a boy would hold his breath when being punished until he was black in the face, and unless the punishment ceased, would fall into convulsions.

This child grew up to be a musical prodigy, and his lack of emotional control manifested itself in the production of sweet sounds. At nine years of age he played a cornet in a local band and wrote orchestral music. He also played the piano with marked skill. At the age of sixteen he was the leader of the local band and instructor in several others. His musical productions were well received and published by prominent music-

houses. He was genial and loving and the favorite of the whole community—going "headlong" into everything that interested him or struck his fancy. He mastered two professions—viz.: Pharmacy and medicine, and was establishing himself in a lucrative practice when he fell hopelessly in love with a talented young lady who fully reciprocated his passion, which now, as at all other times in his life, was marked by a decided lack of emotional control. The young woman's mother, however, remonstrated and stepped in to prevent the marriage. His character was outwardly irreproachable in every respect and his prospects for the future were bright. When pressed for the cause of her objection the mother could give none, save that her intuition impressed her that happiness for her daughter did not lie in the direction of matrimony with the object of her choice. The sequel was a tragic one, for the young people died in each other's arms, by the emotional hand of the lover, thus braving death rather than suffer separation in life. I cite these cases to show to what extremes lack of emotional control may go in wrecking the lives of its victims.

In the study of every nervous malady importance must always be attributed to the investigation of the moral causes. The vivid impression of a strong emotion may produce the same effect as a blow on the head or other physical shock. *Mosso* speaks of several cases where grown men had lost consciousness, sight or speech; others, still more sensitive, have remained for a long time paralytic, unable to use legs or arms, and have lost all sensibility; some have remained for a long time sleepless; others have fallen into a sort of exaltation resembling the outbreak of a mental disease. Many lost their appetite or were afflicted with auricular disease, and in some the nervous system suffered such a shock as to cause a violent fever.

Three such cases came under my notice in Minneapolis. Three children, a boy and two sisters, were frightened by two tramps, who did them no bodily injury, only taking away from them a bucket of milk which they were carrying to a neighbor after dark. As a direct result of the fright one of the girls died of brain fever within a week; the other survived, but remains to

this day a nervous wreck, and the boy has permanently lost sight and hearing.

Mosso says that children should not be allowed to witness an epileptic fit, for the fright and emotion which they suffer may prove dangerous, causing later a similar attack in themselves. However difficult it may be to comprehend such things they are yet admitted by all. Quite recently *Eulenberg* and *Berger* saw two old men, one seventy and the other sixty-five years of age, who had an epileptic fit immediately after a bad fright, although they never had had fits before and were not predisposed to them.

A patient came to me recently for relief from night fears. When they developed she was living in such home surroundings as to keep her in perpetual fear of undeserved punishment, and the nervous dread finally culminated. She had an apparition one night of a huge black spider crawling over the counterpane toward her—a spider larger than is ever found in this country. Without awakening, recognized as such, she "came to herself," as she expressed it, turned cold and weak with fright, and it was some time before self-possession returned, although she knew it was all visionary. Since then, for a period of over twelve years, these experiences have been repeated, ranging from a simple undefined sense of fright which awakens her suddenly, to fully developed apparitions of different kinds. These always come apparently before sleep and the realization, which is the awakening, is followed by an utter collapse of strength, palpitation, slight spasmodic condition and chills. The day following such seizures the patient describes her mental force as below grade, memory poor, perceptions dulled, hands nerveless, and a general depression prevails. Sometimes this condition is experienced in the daytime; the patient feels her strength suddenly ebbing away, and only by a strong effort of will does she retain full consciousness.

Hare also lays particular stress on "night terrors" as an etiological factor in the production of epilepsy, even when these do not present the gravity of epileptiform seizures. He holds that if they prevail for any considerable length of time "the final his-

tory of all such cases ends in epilepsy proper, preceded by lack of vivacity or momentary clouding of the intellect during the day, as the disease extends from the night to the daytime." In such cases the child generally wakes up gasping for breath and shows all the symptoms of Jacksonian epilepsy. On this point *Mosso* says: "It is thus that the phenomena of fear, which may be useful to us when manifested in a lesser degree, become morbid and fatal to the organism as soon as they exceed a certain limit. For this reason fear must be looked upon as a disease." *Pinel*, one of the greatest celebrities in the domain of mental diseases, always began the examination of a patient by asking him whether he had not experienced some fright or some great vexation.

Considerable work has been done with the view of explaining the chemical phenomena presenting in the system as a result of emotional prodiguity. Deranged function has long been known to result from excessive emotion, but it is only within the last few years that any steps have been taken to investigate the causes and the relation they bear to physical changes in nutrition. Every mother is conversant with the influence of intense anger on the character of a mother's milk, and the danger arising from permitting a child to nurse soon after she has experienced such emotion, but it remained for Prof. Elmer Gates to scientifically demonstrate the effect of the several emotional states upon the bodily secretions. All intelligent physicians realize the possibility of intoxication arising from fermentation in the alimentary tract, and it is only extending the theory a little further to hold that many of the functional nervous derangements presenting are due to the same cause; and not only this, but I am free to admit that there is ground for belief in Professor Gates' theory of autointoxication from toxins developed in the system as the result of intense emotional activity. It seems to offer a reasonable explanation for many of the hitherto unexplainable phenomena of the convulsive state in nervous affections.

The *modus operandi* by which emotional states are converted into physical conditions is still a *terra incognita*. Some little light has been thrown on the subject by recent experimental studies in neuro-pathology, which may be summarized as follows:

The nerve-cells of the cortex are a source of nervous energy. So unstable are the relations in the cells that in some instances slight stimuli are productive of very grave results. When once these impulses are set up, they tend to repeat themselves with increasing intensity. That which may have been only a slight tremor, a passing fright, or a bad dream with its concomitant convulsive attack, may in a few repetitions develop into a day-dream presenting epileptiform phenomena.

In arousing normal nervous impulses certain well-known physical conditions must be presented. Much depends upon the rate of vibration established. If the stimulus be electricity it is known that a low rate of vibration or current of low tension may fail, while a higher tension or rapidly interrupted current will succeed in establishing positive results. The same law applies where physical force is used. The rate of vibration necessary to set up responsive nervous impulses and the corresponding reflex activity has been carefully measured, but there remain very many awkward gaps in our knowledge regarding the phenomena of pathological nervous explosions.

Instances might be cited in endless number and variety of the baneful influence of fear on the organism, but such is not our immediate purpose. Those who desire to follow the subject further will find in *Mosso's* recent work on "Fear" an excellent hand-book.

Successful treatment invariably involves the development of moral hygiene on a rational and persistent basis. A regular system verging on military discipline must be established—regular hours for rising and retiring, regular times for meals, which should be more frequent than is ordinarily the rule (about two hours apart during the waking hours), regular times for study, exercise and sleep. All the activities of the patient should be as regular as clockwork, and no interferences to such activities ever be permitted. Nothing serves to establish emotional control better than regularity in occupation, which should be varied as frequently as is necessary, not at the caprice of the child, but by the direction of the attendant, who must be keen to anticipate fatigue of attention on the part of the patient. In one extreme case I

found it necessary at first to change the occupation every fifteen minutes, gradually extending the time as the power of attention was developed.

Methods of relaxation should also be taught and put into practice whenever it is observed that the child is becoming nervous and shows a lack of emotional control. I find that this is best accomplished by a system of breathing exercises, together with certain intoning breaths on a key that will bring the bodily vibrations to a normal tone. This may be accomplished by permitting the child frequently to accompany the piano in song, choosing selections written in the desired key, or by following certain intoning exercises on a single note, especially prescribed at the time for the condition in hand.

If possible the child should be placed in an entirely new environment, and should have thrown around it the restrictions of altogether new associations, which for a time will occupy its attention and materially assist in diverting its mind. It is much easier to establish correct dietetic and hygienic rules in a new environment than in the patient's own home, where, in many instances, marked lack of emotional control and gross infractions of proper rules of diet are apt to exist.

THE CURE OF CONSTIPATION AND DYSMENORRHOEA BY SUGGESTION.

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It is a rare thing to find a patient suffering from chronic constipation who has not several other disorders, also, the most common of which are nasal catarrh, dyspepsia, headaches, neuralgia, insomnia, hemorrhoids, general nervousness, lack of concentration, weak eyes, nervous prostration, and in the unmarried female, almost without exception, dysmenorrhoea, etc., for the same condition which produces the constipation will produce any of the symptoms named. Constipation is nearly always the first of these symptoms to make its appearance and in the treatment of them it should be the first thing attended to. The constipation is not cured so long as it is necessary for the patient to take an atom of medicine. Medicine may produce an action of the bowels, but does not always remove the constipation; in fact, it generally aggravates the condition. In treating these cases the patient's habits of living must be carefully studied and errors corrected.

Physiology teaches us the requirements of the physical man and we should not rest satisfied until every demand of nature is being fulfilled.

When the physical man has been gone over without a cause for this trouble being discovered, we must turn to the mind, and frequently it will be found there. Teach the patient to relax a contracted sphincter, to go to the bath room at the same hour each day, whether nature calls or not, to practice auto-suggestion with the attention riveted each time on "the time," the normal sensation of defecation, etc.

Nearly every case of constipation may be cured by attending

to the requirements just mentioned, and in this way we have cured hundreds of cases without a failure, and without a drop of medicine. In no way could a greater triumph for suggestion be pointed out, for it cured in every instance patients who had sought relief from almost every source, including, besides regular medicine, christian science, mental science, osteopathy, etc.

The worst cases of dyspepsia will disappear shortly after the relief of the constipation which generally accompanies them, for the cause of one is generally the cause of the other.

Constipation is just as readily cured in the lightest as well as the deepest stages of suggestibility. In fact, the more intelligent the patient, the greater is the degree of concentration found and the speedier is the relief.

Suggestion cures regardless of school, race or creed, patients who were positive the treatment could not relieve them. There is no hit or miss about it; it is the key to the successful treatment of functional disorders.

Appended are the history and treatment of several cases:

Miss B. F., aged twenty-seven, had never menstruated without intense pain, which was so severe that she was always confined to her bed for the first three days. She had been treated abroad, as well as by specialists in several cities in this country, but had obtained nothing more than the temporary relief afforded by opiates. She came here at the advice of a friend whom we had cured of a similar trouble. She was skeptical herself concerning the efficiency of the treatment, and her whole family also ridiculed the idea of suggestive treatment.

As is almost invariably the rule, constipation was present, and we sought to remove this condition. After the third daily treatment the bowels moved naturally and have continued to do so ever since. After receiving three weeks' daily treatment, menstruation began and continued without any pain. The patient was not confined to bed, and has since passed two more painless periods. While the suggestions given in this case were that the patient should from day to day count on the next period being painless, yet they were chiefly directed to overcoming the constipation, for as stated before, with the relief of one symptom the

other generally disappears also. Treatment lasted one month.

The case of Mrs. S. H., age thirty-six, is somewhat like the previous one, except that it was of longer standing, and was not only accompanied by constipation, but also rheumatism, chronic dyspepsia, headaches, nervous prostration, and slight catarrhal deafness.

Although she only sought relief for the dysmenorrhoea, having known of a patient who was relieved of that condition here, our whole efforts were directed from the first towards restoring the stomach and bowels to their normal condition. This having been done, digestion and assimilation were perfected, and the patient rapidly increased in weight and strength.

The catarrhal deafness disappeared, as well as the nervous prostration. The headaches disappeared from the first, and although there was some pain at the first menstrual period, which took place ten days after her first treatment, she was not confined to her bed, as had been the custom, and the next period was passed without the slightest evidence of pain.

The suggestions were directed towards the improvement in digestion and assimilation, increased nutrition, etc., as well as direct suggestions to the overcoming of the trouble itself. Length of treatment six weeks.

Miss S., age 22, had been a terrible sufferer from dysmenorrhoea since her eighteenth year, although she had menstruated for the five years previous without any pain.

Her family physician had told her that the cause of her suffering was a slight displacement of the uterus; but in spite of everything he did for her she still suffered, and the pain always appeared several hours before each period; not another organ in the body was affected; digestion and assimilation were perfect; there was not even a sign of constipation, and with the exception noted, the patient was physically in perfect health.

Menstruation usually lasted for two days, and was so severe that sometimes it was found necessary to administer opiates to her.

When an interesting case presents itself at this school, it is a regular custom to have the patient retire from the clinic room

as soon as an "ordinary" history of the case is taken, that the students present may have an opportunity for the discussion, diagnosis, and prognosis of the case; as a particular case is never discussed in the presence of the patient. This procedure was carried out with the patient whose history is given above, and the diagnosis agreed upon by the physicians present was, that it was undoubtedly one of obstructed dysmenorrhoea, which would require local treatment.

Without a single exception, each student present said that if the patient had presented herself to him for treatment with the above history, he would certainly have suggested a local examination at once.

The clinical operator of the school had not entered into the discussion at all, although he had been an interested auditor; as soon as the diagnosis had been made, however, he addressed the class as follows:—"Gentlemen, I did not enter into the discussion over the case in question, as I desired to show you how a knowledge of suggestive therapeutics can aid a physician in arriving at a correct diagnosis, even in a case of dysmenorrhoea.

"I took the history of this case as it would be taken by a physician who had no knowledge of suggestion, but in a few moments I will recall the patient and ask her some other questions which a knowledge of Psychology teaches are very pertinent, and although your diagnosis is very likely correct, still we may have more light thrown on the case.

"While not criticising your conclusions in the least, you are here to learn, and it is the little object lessons like this which remain indelibly printed in our memories.

"You will notice that I avoid discussing the pros and cons of a patient's trouble before him, nor do I treat one patient in the presence of another. You will shortly understand the importance of this procedure, if it has not already occurred to you; and when you do I know you will shudder whenever you recall the manner in which the great hospital clinics you have attended were conducted; and let me tell you they are carried on in the same way to-day. It is only a matter of a few years, however, before these conditions will be changed, for the knowledge of

Psychology and its therapeutic application is rapidly spreading, and its importance to the physician is being impressed more and more forcibly upon us by the thousands of genuine cures wrought by our hosts of Faith Healers.

"I shall now recall the patient." (Patient re-enters and is seated in the operating chair.)

Dr. "Now tell us Miss S., what was your physical condition when this trouble first appeared, was your health as good as at present?" P. "Oh, no; for I was just recovering from a severe attack of typhoid fever." Dr. "How long were you in this poor state of health?" P. "About a year and a half; at the end of that time I was taken to the country for a visit, and began to improve at once; since that time my health has been very good." Dr. "Did you suffer pain with menstruation during that time?" P. "Yes." Dr. "Did the pain continue as your health improved?" P. "Yes, but it grew less severe with each period." Dr. "How many days did you menstruate about the time you first noticed the pain?" P. "Two days." Dr. "Was the flow profuse or scanty?" P. "Quite scanty." Dr. "How many days does it continue now?" P. "About five days." Dr. "Do you have any other symptoms besides the pain to warn you of the onset of the condition?" P. "Yes, a slight tenderness of the breasts, and I just dread to feel this for I know what I have to pass through within twenty-four hours after it comes." Dr. "Has the pain ever come on during sleep?" P. "Yes, it frequently arouses me." Dr. "Were you constipated during your period of ill health?" P. "Yes, I took laxatives continually until I went to the country." Dr. "Have your mothers or sisters ever suffered as you do?" P. "Yes, my mother did until her first child was born." Dr. "Does she think you can be cured by treatment?" P. "She says that treatment never relieved her and believes we all inherit it from her, and will have to suffer until relieved as she was." Dr. "Do you believe that yourself?" P. "Well, it looks that way, for nothing has cured me yet, and my married sister's troubles only ceased as mother's did. My other sister, who is unmarried and lives at home, suffers terribly also." Dr. "Is she in good

health?" P. "No, she has always been sickly, and works in a store, and is unable to get away as I did." Dr. "Is she older than yourself?" P. "Yes, by three years." Dr. "Have you usually witnessed her suffering?" P. "Yes, and my other sister's, also, as long as she lived at home." Dr. "Were you in good health previous to your attack of fever?" P. "Yes, I had never been sick a day before that time." Dr. "Did you see your sister suffer while you were ill?" P. "Yes, she had a terrible attack while I was convalescing, and told me then she would willingly go through what I had if she only knew it would free her from her terrible pain." Dr. "Did this impress you much?" P. "Yes, I wondered if she really meant what she said, and realized she must have suffered far more than we thought. I hoped I would never experience such pain, although my mother had always said I most likely would sometime." Dr. "Was it during the first period after this conversation that you first experienced the pain?" P. "Yes, and the doctor who attended me said, that from lying in bed so long in my weakened condition, I had suffered a displacement which would probably rectify itself as I grew stronger." Dr. "Did you believe what he said?" P. "No." Dr. "Why not?" P. "Because mother declared 'my time' had come as she had predicted, and I too had always expected to have it sometime." Dr. "Are you superstitious?" P. "Yes." Dr. "Do you study much or can you apply yourself for any length of time to something not interesting to you?" P. "No, I cannot, except for a short time, unless it is particularly interesting." Dr. "Is your mother quite firm and does she rule the household?" P. "Yes, she runs everything, and insists on everything being done to suit her." Dr. "Have you ever attended religious revival meetings?" P. "Yes." Dr. "Were you ever converted at any of them?" P. "Yes." Dr. "Have you remained converted?" P. "Well, no." Dr. "How long did you remain so; how old were you, and why did you backslide?" P. "I was fifteen years, the first time, and my friends and schoolmates teased me so much that I tired of it in about a week. I have been converted twice since then, but in each instance have given it up after a short time."

Here the patient was asked to leave the room again for a few moments and the doctor continued his talk to the class:

"I am sure some of you are of the opinion that I have asked that patient some very absurd and unnecessary questions; however, you will find that every question asked, bore directly on her case and her answers have taught me much about the patient. I have gathered evidence enough from her replies to cause me to believe that her complaint is more likely due to 'Pain Habit,' than to obstruction; although the original cause might have been obstruction induced by her physical condition, still I firmly believe that any physical cause disappeared with her return to health, and that she has suffered long enough to form a 'Pain Habit.' She is certainly one of a class likely to contract this condition. The suggestions she received from her sister in her own weakened condition may in themselves have produced the trouble, but I am more inclined to believe that she actually suffered at first; for although she is highly suggestible, still the physical condition she was in for a year and a half is, in itself, quite sufficient to produce the very same condition in those not nearly so suggestible. In ten days the patient will menstruate again, and if she can be carried through this period without pain it will prove to us that the diagnosis of 'Pain Habit' is correct. Should the pain even be less severe it will encourage us to apply the suggestions for another month; but if there be no lessening whatever of the pain, it will show that the diagnosis of obstructive dysmenorrhoea is probably correct.

"This patient is imaginative, emotional, obedient, despondent, loves mysticism, is easily influenced by the suggestions of those around her, and has but little voluntary attention. An individual possessing such characteristics is bound to be a somnambulist, or at least highly suggestible; and one of the chief complaints of this class is 'Pain Habit.'

"We will bring the patient in now, and this time will test her degree of suggestibility and then treat her."

It took but a moment or two to ascertain that the patient was actually an active somnambulist, and would accept suggestions of pain. In this condition very positive suggestions were

given that she would never suffer again; that her mother was clearly wrong; that it was only from her recollection of her year and a half of pain that she suffered at present; that there would be no tenderness of the breasts hereafter to make her think of it; that she must not, and would not anticipate the sufferings; et cetera.

Menstruation started at the expected time without any previous breast symptoms, and without pain. She experienced a little pain the second day, but her treatment removed it completely, and since that time four more periods have passed without an evidence of pain.

If this patient had fallen into the hands of a christian scientist, she unquestionably would have been cured; and it is such patients as this who have built up faith healing and charlatanism.

By a study of Psychology we are able to recognize these individuals and treat them properly and intelligently.

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HYPNOTISM.

(CONTRIBUTED BY A FRIEND OF PROF. JOHN B. EARLY, LOS ANGELES, CAL.)

We wish to commit ourselves on the subject of hypnotism once and for all. The man who controls another in this way simply has the power of inflicting ideas upon him.

A dominant idea, or ideas, take possession of the hypnotized person; in other words, he is hypnotized by an idea.

Get forever out of your minds the thought that an essence or fluid, or something else imponderable, goes from the hypnotizer. The most that passes is the perspiration, the gases of the body and the dust, impalpable, that settles upon it.

That these things have the power of hypnotism we deny. They are the everlasting media between things and things.

The hypnotizer fills himself up with an idea and explodes it at the subject, who, in *most cases*, willingly yields; unless he is taken unawares and is not armed against it. Now, what effect this has on the brain we shall not discuss here. It is quite as normal, however, as though he soaked himself with one idea to the approximate exclusion of all others.

It is also extremely sanitary to wash out the being occasionally with a flood of some one thing; it scours like an avalanche, and polishes and purifies. A man who can hypnotize himself on occasions is exceedingly fortunate. After his rejuvenation he glitters in the sun like a polished shield. To be enthralled with the idea of another is almost as fortunate, provided, that the idea is a good one. It is not in the question whether the hypnotizer is good, but if the *idea* is desirable. It is the idea that gets into you, not the man. The devil would be as safe a medium as any other, provided he were capable of exalted thought. The danger of hypnotism lies just as emphatically in yourself as

in your contact with another. Many a man has yielded to the sway of his own vile, debauched and erratic ideas, to his ruin and disgrace.

If a man has no power to resist another's evil inclinations, he has no strength to resist his own and should be put into a hastily improvised "Keeley Cure," where he may be treated for moral drunkenness.

Will is all powerful, if you did but know it, and amply resistive enough, to reject anything you do not want. So then, if you judge an idea to be good, whether it comes from another or from yourself, and wish to be inspired and made over by it, let it hypnotize you by all means. All spells that you put upon yourselves are done in this way. You can cure your own diseases, regulate the functions of your own organs—in fact, rejuvenate your whole being by the mighty lever of hypnotic suggestion.

POEM.

The following beautiful poem by Prof. Caruth expresses the growing monistic thought which seems to permeate all religious denominations more or less at the present day :

A fire-mist and a planet,
A crystal and a cell,—
A jelly-fish and a saurian,
And caves where the cave-men dwell;
Then a sense of law and beauty,
And a face turned from the clod,—
Some call it Evolution,
And others call it, God.

A haze on the far horizon,—
The infinite tender sky,—
The ripe, rich tints of the cornfield,—
And the wild geese sailing high;
And all over upland and lowland,
The charm of the golden rod,—
Some of us call it Nature,
And others call it God.

Like tides on a crescent sea-beach,
When the moon is new and thin
Into our hearts high yearnings
Come welling and surging in,—
Come from the mystic ocean,
Whose rim no foot has trod,—
Some of us call it Longing,
And others call it God.

A picket frozen on duty,—
A mother starved for her brood,—
Socrates drinking the hemlock,—
And Jesus on the rood;
And millions who humble and nameless
The straight hard pathway trod;
Some call it Consecration,
And others call it, God.

SUGGESTIONS

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EDITORIAL.

X When this paragraph is marked with a red and blue cross it shows our friends that their time has expired, and we shall be happy to receive a renewal of their subscription soon.

CHRISTIAN SCIENCE.

In our May issue Mr. J. E. Williams voices his objection to our position relative to Christian Science. We admire his candor and indorse every word he says in defense of the religious instinct in human nature; but our friend misunderstands us when he thinks we under-rate religion. The fact is he under-rates Suggestion. The difference lies in his point of view and ours. Things are sanctified, or otherwise, according to the use we make of them. We would raise Suggestion to the dignity of its own level, and that is very high indeed, for it deals with the mysterious thing called soul. It knocks at the door of spiritual thought and brings the message from the internal life into bodily expression. It may transform the whole tenor of existence, making the darkness yield to the perfect day. What higher function can religion itself perform than that of changing a blinded to an illuminated consciousness? Religion and Suggestion are not opposing, but co-operating forces; sometimes they seem synonymous and the line of differentiation is not discernible. The problem of the psychologist is to attain the equilibrium between the internal tranquility of the soul and the external expression, so that the one mighty factor—character—may be evolved. This is the summing up of the workings of religion, and in its highest sense of Suggestion also. We live in an age when the invisible self is working outward towards a better and happier state of things—health, happiness, etc. If we seem to lay profane hands on the sacerdotal ant-hills that come in our way in our leveling after truth, it may be hard on the ant-hills, but it cannot injure truth. The spirit that inspired the Crusaders was that of wild fanaticism. Men were then in a state of mental twilight; the dawn of civilization and mental cultivation had commenced and the undisciplined minds were in a condition to receive a strong religious excitement; besides the stories of the fabulous riches of the East was a factor not to be overlooked. These crusading armies contained some men of elevated character, but the greater part consisted of crazy fanatics and wretches bent on plunder. The object for which the Crusaders strove was a futile one and to

this day remains unaccomplished. Such an event would be impossible in our time yet fanaticism lingers.

Christian Science contains an element of value and that is Suggestion. Strip it of that and there is little left of value. It is better to be scientifically correct than to pander to the absurdities of any system, however clothed it may be with emotional trappings. As in the crusades the riches of the East was a powerful incentive to the religious fanatic, so in this day the Christian Science healer succeeds in introducing commercial methods into his practice which tend to show he believes in the money kind of matter to all intents and purposes. H. Martyn Hart, D. D., Dean of St. John's Cathedral, Denver, Colorado, in his book "A Way That Seemeth Right," speaking of Christian Science, says—"There is no evil that does not bring with it some good, and if the delusion of this 'Science' works evil to many it may not be wholly useless if only the attention of this generation is turned to the power that mind, rightly directed, may exert over disease." This is the mission of Christian Science. With the growing intelligence of the people the false claims and absurdities will drop away and the one fact, so overloaded with unmeaning phraseology, will stand revealed. Thus it has ever been in the history of the world; new epochs of thought have been ushered in, the husks and kernel together. It is the business of every thoughtful mind to cast aside the useless and cumbersome, to unload some of the burdens of humanity and help in the practical demonstration of eternal principles.

It is extremely amusing, and also somewhat pathetic, to note the many garbs in which Suggestion masquerades. The famous witch doctor of Reading, Penn., evidently understands its operation and power; yet he is worldly-wise enough to keep his conclusions to himself, and leave several loop-holes of escape from downright committal on the subject. It is nearly a hundred years since the Salem witchcraft doings horrified the community, and were consequently abolished; yet in certain sections of this great republic with its free schools and institutions, the

belief in witchcraft still prevails. In the economy of the adjustment of the law of supply and demand, it is in these districts that the witch doctors flourish. That they do good is beyond question, and their manner of doing it is not very different from that of other healers who have to deal with ignorant and superstitious patients. The witch doctor invariably accepts the point of view of the patient, and proceeds to exorcise the devil in possession, or to lift the spell of the evil eye of some witch who has cast her baneful glance upon the afflicted one. The Reading Doctor says: "I never tell a patient right out what I think of the case." No, dear Doctor, if you did you would find your occupation gone, and forthwith you would have to depart for "pastures new." The Doctor tells how he proceeds: "I at once put myself in full communion with these people. As they believe, so I believe. I hear their story. Every symptom is related to me. For weeks the patient has been acting like one possessed; no sleep, no appetite, frightful imaginations, spasms, wasting away, shrieks, hysteria, epilepsy, lunacy, whatever it may be. They say she is bewitched." Then the Doctor proceeds to establish confidence in the mind of the patient by telling her he is able and willing to cure her, he lets in the light of day, thus establishing normal conditions in the surroundings, or he takes the patient outside, telling her he already knows the demon that possesses her, and that he can and will relieve her of the incubus. He succeeds in quieting the patient, orders some food to be given, and seeks to re-establish normal conditions and surroundings, bringing her into contact with the other members of the family from whom she has been separated since her seizure. These are wholesome methods and perhaps the only ones that would be effectual under the conditions. Sometimes the patient names the person who laid the spell upon her. As vengeance might follow, the Doctor invariably tells the patient she was mistaken, and that it was some one else. The Doctor uses suggestion with excellent effect. He also uses hygienic methods. He says: "First of all, I get ventilation in the room, and then go to work to baffle the witch, or witches. That is, if the patient can see me, and is in his full senses.

The patient must see me and feel the full force of my work. When patients are cured I may relieve their minds still further by more light on the subject. It would not do for me to tell them I did not believe in witches. I do not say that there is no such thing. I have seen too many strange cases." Well done, Doctor! Don't give yourself away while there is grist in the mill; if you told the truth they would have none of it.

BOOK REVIEWS.

"CONSUMPTION AND RHEUMATISM"—By George Dutton, of Chicago, Dean of the American Health University and Dutton Medical College. In this book Dr. Dutton first announced to the public that uric acid (often called lithic acid) is the material cause of rheumatism—a conclusion now generally accepted by the profession. That the credit of discovering the cause of rheumatism belongs to Dr. Dutton is shown by reference to the following books: Gould's New Medical Dictionary of 1891 says under the article "Rheumatism" (p. 383), "The etiology and pathology are in doubt." Osler in "Principles and Practice of Medicine" (1893, p. 271), says, "The essential cause of rheumatism is still unknown." Haig on "Uric Acid" (1892) admits that uric acid *when in excess* (still claiming that uric acid is a normal secretion from the kidneys) may be the cause of rheumatism. Dr. Dutton claims in his book (published in 1891) that uric acid is the result of fermentation in the system and is always abnormal. Credit to whom credit is due. Dr. Dutton's work can be obtained of us. Price, postpaid, \$1.00. In this work the author plainly points out the rational mode of cure of these complaints.

"EL RESHID"—A new book by an anonymous author, is a story with a decided occult flavor. Several of the leading characters are members of the Rosicrucian Brotherhood and the manner in which they appear and disappear from the field of ac-

tion with the swiftness of Mahatmas is somewhat puzzling to the uninitiated. The hero and heroine are not left at the altar in unalloyed bliss after the devious windings of the course of true love, as in ordinary novels. They separate by mutual consent that they may more fully realize their high standard of felicity in another life. The theory of reincarnation is subtly worked out. Whatever promise that theory holds out to its adherents, the average man and woman want some warmth and color in the present life—some realization of the craving in human hearts for human sympathy and love.

The types of character who are contented with less are fanatics. The book is well written, but it is not a realistic work nor is it true to human life as we have seen and understood it. The highest art of the novelist or dramatist is in "holding up the mirror to nature;" not in giving distorted images from the kaleidoscope of the imagination. Published by B. R. Baumgart & Co., 231 W. First St., Los Angeles, Cal.